

Risk Reduction Self-Assessment: Follow-Up Session Positive HIV Result

Risk Reduction Specialist: _____ Observer: _____

Session Date: _____ Site/Location: _____

Did you also do the initial counseling for this client? ☐ Yes ☐ No

Instructions: Please check the *Met* column to show that you covered the area satisfactorily during the session. Check the *Not Met* column to show that you tried to cover a topic but need improvement and check the *Not Tried* column to show that you did not try to cover the topic at all. Check the *N/A* column if the topic was not applicable. Use the *Comments* area to give more detail.

| | | Met | Not Met | Not Tried | N/A |
|---|---|-----|---------|-----------|-----|
| Orient To Session and Provide Test Result | Introduce yourself to client <i>(if first meeting with client)</i> . | | | | |
| | Re-explain confidentiality. | | | | |
| | Verify that the result belongs to the client. | | | | |
| | Assess client's readiness to receive the result. | | | | |
| | Provide result clearly and simply. | | | | |
| | Allow the client time to absorb the meaning of the result. | | | | |
| | Explore client's understanding of the result. | | | | |
| | Assess how the client is coping with the result. | | | | |
| | Address immediate concerns and fears. | | | | |
| | Acknowledge the challenges of dealing with a positive result. | | | | |
| | <i>If applicable</i> , assess the result with feelings about any other STD/HCV tests performed. | | | | |
| Did you provide the result according to standards? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but need improvement <input type="checkbox"/> Didn't try Comments: | | | | | |

| Identify Sources of Support and Provide Referrals | | Met | Not Met | Not Tried | N/A |
|---|--|-----|---------|-----------|-----|
| | Assess who client would like to tell about his/her positive test result. | | | | |
| | Identify a family member or friend to help support the client. | | | | |
| | Discuss wellness strategies or "living positively." (<i>If the client is not prepared for this discussion, offer him/her printed material to reference at a later time.</i>) | | | | |
| | Identify current health care resources. | | | | |
| | Address the need for health care providers to know client's test result. | | | | |
| | Explore client's access to medical services. | | | | |
| | <i>If applicable</i> , identify needed medical referrals. | | | | |
| | Assess client's receptiveness to referral, including Early Intervention. | | | | |
| | <i>If applicable</i> , help client access referral services. | | | | |
| Comments: | | | | | |

| Address Risk-Reduction Issues | | Met | Not Met | Not Tried |
|-------------------------------|--|-----|---------|-----------|
| | Refer to client's RR step. | | | |
| | Assess client's plan to reduce risk of transmission to current partners. | | | |
| | Explore client's plan for reducing the risk of transmission to future partners. | | | |
| | Address disclosure of HIV status to current and future partners. | | | |
| | Encourage the client to protect others from HIV. | | | |
| | Revise the RR step. | | | |
| | Document the revised RR step with a copy to the client. | | | |
| | Did you review the prior RR step? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Did you help the client revise/develop a realistic RR step? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Did the step address HIV/STD/HCV risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step appropriate to the client's risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step SMART? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the step work from the client's strengths? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: | | | |

| Negotiate Disclosure and Partner Referral | | Met | Not Met | Not Tried | N/A |
|---|---|-----|---------|-----------|-----|
| | Transition to discussion of Partner Notification. | | | | |
| | Resolve problems preventing client cooperation in partner elicitation. | | | | |
| | Elicit number of sex and/or needle sharing partners (# men and # women). | | | | |
| | Elicit number of marriage partners. | | | | |
| | Elicit names of partners. | | | | |
| | Elicit locating and identifying information. | | | | |
| | Present and negotiate options for notification, encouraging health department referral. | | | | |
| | <i>If applicable</i> , coach client on all partners s/he wants to tell, encouraging health department referrals when client cannot demonstrate skills and steps for notifying partners. | | | | |
| | <i>If applicable</i> , negotiate follow up to assure self-referred partners receive timely information. | | | | |
| | Provide the client with support. | | | | |
| | Comments: | | | | |

| Summarize and Close the Session | | Met | Not Met | Not Tried |
|---------------------------------|--|-----|---------|-----------|
| | Validate client feelings. | | | |
| | Summarize key issues addressed. | | | |
| | Review client and RRS contact information. | | | |
| | Get the client's immediate plans. | | | |
| | Close the session. | | | |
| | Did you provide appointment reminders? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try <input type="checkbox"/> Not Applicable Comments: | | | |

Instructions: For this section, mark those skills, concepts and components you used well in the first column, the skills you tried, but need improvement on in the second column, and those skills you could have used but didn't in the third column.

| Use of Counseling Skills, Concepts, and Components | | Used Well | Needs Improvement | Could have used but didn't |
|--|--|-----------|-------------------|----------------------------|
| | Kept client's emotional status in mind. | | | |
| | Maintained focus on RR. | | | |
| | Redirected client when necessary. | | | |
| | Used open-ended questions. | | | |
| | Used active listening techniques. | | | |
| | Gave information simply. | | | |
| | Was nonjudgemental. | | | |
| | Offered options, not directives. | | | |
| | Provided opportunities for client to build skills. | | | |
| | Supported client. | | | |
| Summarized and closed the session. | | | | |
| Comments: | | | | |

What things interfered with or supported the RR session (e.g. setting, interruptions)?

What did you do that enhanced the quality and outcome of the session?

What could be improved about your work in this session?

Describe your use of the protocol.

Is there a need for an action plan for further improvement of your RR work? ☐ Yes ☐ No If yes, please describe.

Did you follow the goals in the correct order? ☐ Yes ☐ No If not, why not?